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BRANSBY B. COOPER'S LECTURES ON AMPUTATION.

[Continued from page 314.]

IN cases of fracture even under apparently favorable conditions, the efforts of the surgeon to save the injured limb are not always crowned with success. Unforeseen circumstances may arise, and notwithstanding the employment of the most judicious treatment, and the application of the best mechanical adjuncts, amputation may ultimately become unavoidable. The laceration of a bloodvessel may render a modification of treatment necessary, even if amputation be not actually demanded; for if the lesion of the vessel be in such a situation that the trunk can be tied without stopping the circulation of the blood through the limb, a ligature should be applied to the wounded artery; but if mortification be threatened, such a procedure would be unwarrantable, and amputation must in that case be had recourse to. The non-union of the bone after fracture, no matter whether the defect arise from constitutional or mechanical causes, complicates greatly the treatment of the injury; and it becomes very important for the surgeon to determine whether the failure in the ossific union depend upon a peculiar constitutional deterioration, or upon the physical condition of the fracture itself. If the constitution be at fault, the peculiar functional derangement must be sought for, and if discovered, combated by the use of appropriate remedies: if, for instance, the powers of the assimilative organs be impaired, they must be improved by the use of tonics and alteratives; at the same time great care must be taken to keep the fractured limb in a perfect state of rest, for I am thoroughly convinced that motion of the ends of the broken bone is by far the most frequent cause of the non-union of the fracture.

The ossific union is sometimes prevented by portions of muscles, fascia or other structure getting between the ragged ends of the bone, and preventing their perfect coaptation: when there is reason to believe that such is the case, and all the usual means of adapting the fractured bone have failed, it becomes a matter of urgent question whether the substance entangled between the extremities of the fractured bone ought to be removed by cutting down to the injured part; whether the ends of the bone ought to be brought together by force, with the view of producing

absorption of the intervening substance ; or whether the limb, under such circumstances, ought to be amputated.

The first indication, viz., that of cutting down upon the fracture, should only be undertaken under very favorable circumstances : it must be remembered that by this plan a simple is converted into a compound fracture ; and even if the removal of the intervening substance be effected, there still may be insuperable difficulty in perfecting the cure, and the patient may, indeed, be reduced to a much worse condition than at first. I think it better to produce extension of the limb, and then to bring the broken ends of the bone in as close adaptation as possible, pressing them towards each other, so as to promote the absorption of the structure which is between the portions of bone ; and I believe that by such treatment I have ultimately succeeded in producing union where it had proved obstinate for some time under the employment of other means. Should a large nerve be entangled with other structures between the ends of the broken bone, it will be known at once by the pain produced in pressing the ends of the bone together ; in that case of course the pressure could not be maintained, and some other mode of treatment must be substituted ; indeed, under these circumstances, amputation would probably be considered necessary.

I have seen instances of failure of the union of a fracture in patients in whom there could not be traced the slightest deviation from health to indicate the employment of one remedy in preference to another. In such cases I have sometimes succeeded in producing the consolidation of the bone under the influence of mercury, even after continued pressure, seton, and other violent means, had totally failed. Should mortification supervene upon severe injury to a limb, it ought to be ascertained, before amputation be performed, whether the death of the parts depend upon constitutional inability to establish and maintain the process of reparation, or whether it depends upon a want of power in the limb itself, in consequence of the extensive destruction of the parts, an effect so often witnessed in gun-shot wounds. Another question also arises here, as to whether the mortified part should be amputated, supposing no line of demarcation to be yet formed between the living and dead tissues. In my opinion, if there be reason to believe that the loss of vitality does not depend upon idiopathic deficiency, amputation ought at once to be performed ; but if, on the contrary, it depend upon a defective constitution, the removal of the gangrenous part should be delayed until there is some evidence of an attempt on the part of the living portion of the limb to throw off the dead. There are, however, many differences of opinion on this point : some surgeons recommend that the operation should be performed as soon as mortification has commenced. I cannot agree with this practice, and believe that, under these circumstances, an incision should never be made in the living structure until the process of separation has commenced, although it may be right to remove a portion of a gangrenous extremity to diminish the inconvenience and general difficulties arising from such a condition.

Tetanus, that most fatal disease, not unfrequently supervenes upon severe injury to a limb, and may operate as a cause of secondary ampu-

tation, even after there had been just reason to hope that the limb might be saved. Traumatic tetanus has been regarded by surgeons as one of the most formidable of the diseases to which the human frame is liable, and it has occupied a degree of attention on the part of surgeons commensurate with its important character. The accumulated facts have, however, as yet served to throw but little light on the true nature of this disease, and no remedy or system of treatment has yet been found sufficient to control its direful effects. From the history of tetanus it does not appear that any particular symptom is universally indicative of its approach; unless, indeed, the obstinate costiveness so generally concomitant with this disease can be looked upon in that light.

When tetanus has followed upon injury to the extremities, it has always been a question whether immediate amputation of the limb ought not to be had recourse to, in the hope that, after the removal of the supposed cause, the effect would directly subside. I use the expression "supposed cause"; for, in my opinion, in all cases of traumatic tetanus the injury can only be regarded as the exciting cause, as there is always, I believe, a kind of tetanic diathesis in individuals who are attacked by this disease.

The above view seems to me to be supported by the fact that a great variety of different causes produce the disease; which does not, indeed, appear to depend either upon the severity or kind of wound inflicted, nor upon the part of the body in which the injury is situated; neither does the wound itself present any appearance that could lead to the supposition that a peculiar action had been set up, or impression produced upon the nervous system. Even *post-mortem* examinations have hitherto completely failed in throwing any light upon the subject of tetanic affections.

Baron Larrey, during the war in Egypt, amputated in several cases after symptoms of tetanus had commenced, and this practice was attended with sufficient success to induce him to recommend it. Instead, however, of the general adoption of this plan, I should recommend that the condition of the wound should first be strictly examined, and also the state of the constitution of the patient; so that, where there appears the least tendency to tetanus, prophylactic measures may be taken to ward off the attack. When, for example, there seems reason to dread an attack of tetanus in consequence of a punctured wound, the latter ought to be converted into an incised one by laying it freely open to the same depth as the original puncture; and, should it then be discovered that a branch of a nerve had been punctured or partially divided, it ought at once to be cut completely through, so as to remove the continued irritation that would arise from its being only wounded. It has been said that suppuration prevents the accession of tetanic symptoms, and that it even relieves them after they have set in. If this could be proved to be the case, it would of course be desirable to promote suppuration as a prophylactic means of treatment. My own experience leads me, however, to doubt the correctness of the hypothesis; for I have witnessed three successive cases of tetanus in which the symptoms first appeared during the progress of suppuration, and in each of these

cases the discharge of pus went on until the death of the patient. I cannot, therefore, approve of the plan adopted by some surgeons, of cauterizing the wound to induce suppuration. The following case is one in which I was induced to amputate a limb after tetanic symptoms had supervened. In this instance I was the more disposed to have recourse to this practice, as the injury was so severe that there existed no probability of the limb being restored to a state of usefulness.

William Marshall, æt. 11, was admitted into Guy's Hospital on April 14th, 1849. His left leg and foot had been very severely injured by a railway luggage-train crushing it against some brickwork. There was a large wound on the inner side of the left tibia, extending upwards from the malleolus to the extent of two inches. The saphena major vein was exposed, the posterior tibial artery torn through, and the nerve laid bare. It was considered advisable by Mr. Hilton to endeavor to save the limb, and he therefore placed a ligature on the proximal extremity of the divided artery, brought the soft parts together by sutures and strapping, and applied an outer splint with a foot-piece. The limb was kept in a somewhat elevated position. As the lad was in a state of partial collapse, stimuli were administered; re-action was consequently produced soon after.

On the day after his admission he had recovered from the shock; had slept through the night, and the limb was easy. On the 16th the sutures were removed, and the wound found to be in a sloughing condition. The sloughing continued for the next two days; a sanious discharge had also commenced, and the lad had become irritable and restless. He remained in nearly the same state until the 26th, when I first saw him. I at once saw reason to fear that there was a tetanic tendency, and I desired that I might receive notice the moment any muscular contractions or other tetanic symptoms were manifested. On the evening of the 26th it was observed that the injured limb was drawn up by spasm, and that there was a twitching of the muscles, and the patient was altogether very restless. On the 27th there were distinct symptoms of tetanus: the corners of the mouth were drawn up, nose pinched, and there was general rigidity of the facial muscles. He was extremely restless and irritable. These symptoms all continued to increase during the morning, notwithstanding treatment, and I was accordingly sent for, as I had requested. As soon as I saw the boy, I determined upon immediate amputation, and this was performed below the knee by the circular incision. Five ligatures were required. Four hours after the operation, the wound was dressed. There was no subsequent bleeding.

On the 28th all the tetanic symptoms had disappeared: the face of patient was restored to its natural expression; his mouth could be opened freely, and he was less irritable. He continued to go on well for some days, so far as concerned his health, taking plenty of nourishment, but there was no indication of healing in the stump. On the 1st of May he became again restless and irritable; there was slight redness of the left knee, and some swelling of the right foot, with tenderness upon pressure. No reparative action had been set up in the stump. All these symptoms continued to increase, the swelling of the right foot extending

up the leg to the abdomen; the breathing also was hurried, and there was slight cough. The stump still showed no disposition to heal, and poured out an unhealthy sanious discharge. The symptoms continued unchanged, the patient daily becoming weaker, until the 11th of May, when he died.

Post-mortem Examination.—There was œdema of the right foot and ankle, and of the left thigh and abdomen; recent pleurisy of the left side, with inflammatory effusion. On the right side there were patches of ecchymosis on the surface of the pleura, but no effusion. There were also indications of pneumonia, with suppurative points in patches. The liver was pale, but healthy; there was an increased quantity of light-colored fluid in the pericardium. The mucous membrane, from the mouth to the œsophagus, was all sloughing, and of a dirty-brown color, and there was general sloughing of the tissue and muscles of the right side. The left iliac vein was free and normal, but the femoral vein was obstructed to the extent of three inches. The left external iliac was also obstructed for about an inch of its length. There was pus in the left knee, and also in the right shoulder-joint.

[To be continued.]

COD-LIVER OIL.

THE cod-liver oil is best prescribed with wine, coffee, aniseed, or cinnamon water. It may be made up into a syrup with gum-syrup and orange-flower water; and if this is still nauseating, hydrocyanic acid or a little creosote may be added to it. A cod-liver-oil soap is recommended by Deschamps, made by mixing 600 parts of the oil, 20 of water, and 80 of caustic soda. A mass is formed, which with tragacanth powder may be made into pills, or may be used externally as a liniment, dissolved in spirit, or mixed with water and iodide of potassium, as an ointment.

So long ago as the year 1771, Percival was acquainted with the value of cod-liver oil as a remedy for chronic rheumatism. It was also used in the Infirmary at Manchester, by Bardsley, some time after this period. It was not, however, till 1822 that the attention of the profession was directed to it, by the publication, of Schenk, of 16 cases of chronic rheumatism which had been successfully treated by it. Four years later, he published 20 fresh cases, confirmatory of the favorable opinion he had formerly advanced. Since this time the publications on cod-liver oil, especially in Germany, and to a less extent in France, have been exceedingly numerous. It was little known in this country, till the publication of Dr. J. Hughes Bennett's work, in 1841. The evidence of its utility at first was rather contradictory, but of late years the testimony in its favor has been certainly gaining ground, and it may now be considered as having an undoubted and important place in the Pharmacopœia of, at any rate, all these northern countries.

On looking over the various treatises which have been published on this subject, and on weighing the opinions and statements which have been

expressed in them, it is indeed abundantly evident that cod-liver oil is an agent of no inconsiderable power. It is also evident that its action is chiefly in one direction, and is exerted almost entirely in modifying, restoring, and improving the several processes partly of primary, but chiefly of secondary assimilation, the derangement of which constitutes the basis, as it were, and origin of certain symptoms which we are accustomed to treat, under various names, as special diseases. In dyspepsia, that is, in diseases resulting from some defect of primary assimilation, its effects have not been very accurately studied, chiefly, perhaps, from the difficulty of finding pure and uncomplicated cases of this affection. It appears to be most useful in the atonic varieties, and in those cases of inflammatory gastro-duodenal dyspepsia, in which, after reduction of the more prominent symptoms, the digestive powers of the stomach and duodenum recover themselves with difficulty. But in any cases in which the dyspeptic symptoms are dependent on more serious lesions, on ulceration of the stomach, or on incipient organic disease of the walls, &c., the cod-liver oil appears to be unsuited, and even if retained on the stomach, to be inefficacious, or perhaps hurtful. It is chiefly in affections proceeding, as far as we at present know, from secondary mal-assimilation (to use the term of Dr. Prout), that the oil appears most useful. Such appears to be the case in chronic rheumatism, in rickets, in the various affections which are the local manifestations of the scrofulous diathesis, scrofulous caries, ophthalmia, tabes mesenterica, tubercular peritonitis, &c.; in phthisis pulmonalis, especially in the early stages; and in various chronic eruptions of the skin, as eczema, herpes, and some forms of impetigo. It appears to be more useful in these diseases of the skin, according as they can be traced back to some disorder of nutrition, and more especially if this borders on the condition which occurs in the scrofulous diathesis.

In addition, the oil has been used in a vast number of other affections, with an amount of benefit less marked and determinate. In true gout, psoriasis, porrigo, osteomalacia, in atonic amenorrhœa, in worms, and in the various sequelæ of smallpox, measles and typhus, the opinions of its utility are very contradictory. It has appeared to be possessed of little power in Bright's disease, diabetes mellitus, and some other deep-seated and obscure affections. Cod-liver oil has also been found useful in cases in which tonics are indicated; as in convalescence after influenza, bronchitis, pneumonia, pleurisy, and other cases in which the disease having been partially or entirely removed, the constitution requires to have cautiously supplied to it both materials from which its impaired tissue may derive new force, and tone by which those materials may be effectively assimilated.

An opinion has been advanced, on very insufficient grounds, however, that chronic rheumatism and tubercular consumption are in some degree antagonistic to each other. But independently of other arguments against such a view, we might be led to question its correctness by observing that the two diseases, or series of diseases, over which cod-liver oil appears to exert a considerable action, are chronic rheumatism and scrofulous affections. While in most other cases the benefit resulting from the use of the

oil appears to be simply owing to its common tonic powers, in the above-named diseases there almost appears to be something specific about its action. In De Jongh's late work, as in other treatises on the same subject, we find very strong statements respecting the utility of the oil in phthisis. Some of these are derived from previous writings, others are made by several eminent Dutch physicians, whose opinions on this point Dr. De Jongh ascertained. Suermann, Schroeder, Van der Kolk, Loncq, Pruis, Van der Hoeven, Sebastiani, Suringar, all agree in attributing very great benefit to its employment. They almost all, however, consider that its good effects are chiefly limited to the early stages, before softening has commenced. At this time, undoubted cures have been effected; the further deposition of tubercle appears to have been arrested, and the tubercles already formed have retrograded in one of the usual ways, most commonly by cretaceous deposit. When softening has occurred, the virtues of the oil are more questionable; for while occasionally it appears to be of immense benefit, at other times it has exerted no effect whatever. In phthisical diarrhœa it has seemed decidedly hurtful.

In an able paper by Dr. Williams, which has lately appeared, the utility of the oil in phthisis, particularly in the latter stages, is rated even higher than in the above paragraph. Dr. Williams's conclusions are based on the experience of about 400 cases. Of these, 234 are recorded in his note-books, and are therefore susceptible of numerical classification and analysis. Among these 234, there were 9 cases in which the oil disagreed; 19 in which it appeared to do no good; and 206 in which its use was followed by marked and unequivocal improvement. Of the 206 patients, 62 had cavities; all of these improved materially under the use of the oil; in 34 the improvement has continued; in 11 the improvement was only temporary; in 17 the patients were lost sight of. In 100 patients the tubercles had commenced to soften, but actual cavities had not formed, and both physical and general symptoms materially and rapidly changed for the better. The process of softening seemed arrested, as the moist rhonchi in the supra- or infra-clavicular or the supra-spinous regions gradually ceased, the dulness more or less disappeared, and at last, vesicular breath-sound returned, and no physical signs whatever remained, except a little prolonged, and, perhaps, tubular expiration. Coincidentally with these changes, the constitutional symptoms disappeared. In the remaining 44 patients, the disease was in the early stage, and the results were not less satisfactory. Eleven of the advanced cases are related as illustrations of the degree of improvement.

In estimating the exact value of this evidence, it would be necessary to strike off from the list a certain per centage of improvement which seems to occur in phthisis from the employment of any judicious treatment, such as a regulated temperature, change of air, proper diet, regular habits, and various medicines, according to circumstances. The exact amount which would be thus struck off, cannot, from want of data, be at present determined, but there is no reason to believe that it would be very considerable. A certain amount of benefit would still remain, which must be ascribed to the cod-liver oil alone.

Dr. Williams's estimate of the value of cod-liver oil is certainly higher

than that of most writers, and possibly higher than it would have been had the remedial measures which were employed in addition to the oil been taken into the account. But yet the opinion of a physician so eminent, and so skilled in the diagnosis of phthisis, is necessarily of great weight.—*British and Foreign Medico-Chirurgical Review.*

ACUTE PERIOSTITIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I take the liberty to send you the two following cases of acute and very extensive periostitis; and I am more inclined to do it, in consequence of not having seen, in my recollection, any cases of so severe and acute a character reported. I imagine that cases of the kind are not so extremely rare as may possibly be supposed. I think I have myself seen two or three other cases of the same description, which, however, could not be fully identified, for want of the necessary *post-mortem* examination. We, in the country, not unfrequently hear of patients dying suddenly of fever of a typhoid character, in whom the prominent preliminary symptom is excruciating pain in some one of the limbs. Whether such cases would all fall under this head, perhaps admits of doubt; but I have no hesitation in believing that very many of them, if submitted to examination, would be found to be of this character.

On the 15th of March last, I was requested to see a fine little boy, of 5 years old, of rather feeble constitution, but whose health was generally good. During the afternoon of the preceding day he had been at play in the snow, got into a pretty free perspiration, and got his feet wet and cold. He was rather restless and uneasy through the night, but made no particular complaint until morning, when he complained of pretty severe pain in the hollow of the right thigh between the hamstring tendons. I first saw him about 11 o'clock at night, and found him with a haggard look, agonized expression of countenance, pale, trembling, some degree of thirst, pulse 120 and feeble, general prostration, no uncommon heat of the body; severe pain in the thigh, recurring more severely every twenty or thirty minutes, lasting ten or fifteen minutes and then partially subsiding; thigh not swollen, nor having any abnormal appearance. The ordinary antiphlogistic course was adopted, together with fomentations to the thigh.

16th.—Patient not relieved in any respect. Complained of tenderness of the abdomen, which was soon removed by fomentations. Had a turn of vomiting, after which he was unable to define any particular location as the exclusive seat of the pain. The limb is now considerably swollen, and is tender to the touch; there is also inability to move it. The pain is excruciating, and is attended with great agitation of the body. Pulse the same as yesterday, and prostration increasing.

After this, there was at no time any diminution in the severity of the symptoms. The prostration increased; the pulse grew more feeble and more rapid; the pain more agonizing, but was never after this referred

particularly to the thigh; the extremities grew cold, the vitality of the system was rapidly expended, and on the morning of Tuesday, the 20th, five days after the attack, he died.

Post-mortem Examination, 24 hours after Death.—Thigh somewhat swollen, but no other external mark of inflammation. Tissues all healthy and normal above the periosteum. On cutting down to the bone, nearly half a pint of pus was discharged. The whole length of the shaft of the bone, from the condyles to the trochanter major, was entirely denuded of its periosteum. The bone itself was of the ordinary ash color, and as clean as if it had been prepared for a college museum. The periosteum was softened, completely broken down in its texture, and about the color of pus.

The next case is one which occurred in the practice of a friend of mine, who kindly permits me to make use of it. It happened about two months since. The patient was a stout, healthy girl, about 8 years old. No cause can be assigned for the attack, unless it originated from a bruise in the socket of the thigh bone, in consequence of jumping from a height a few days previously. She complained at the time of the hurt, but the pain soon subsided, and nothing more was thought of it.

This case was, in its symptoms, progress and termination, so precisely similar to the one already narrated, that an account of it would be only a useless repetition. The *post-mortem* examination disclosed precisely the same state of the bone and periosteum—with this difference, that in this case the head of the bone and the socket were also diseased. The cartilage covering the head of the bone, and that lining the socket and surrounding its edge, were softened, so as to be readily broken down by the finger nail, and the round ligament was entirely destroyed, so that the head of the bone was easily turned out of its place, as soon as the muscular attachments were loosened.

Cases of this kind are, without doubt, at their very onset, almost if not entirely hopeless, even if there were present any symptoms which would seem to distinguish them from the host of rheumatic, neuralgic, and other pains of more or less severity to which the limbs are subject. Even supposing a true diagnosis could be certainly and undoubtedly made out, what is to be done? The patient is precisely in the situation of one who has received an extensive and severe injury. The shock to the nervous system is sudden and great—as great, perhaps, as if the whole limb were suddenly removed, or an extensive surface burned. But this is active disease, producing the effect of local injury on the general system, and it is the very intensity of the disease itself that prevents the application of proper remedies for its removal, or that prevents these remedies from having their ordinary influence if they are applied. No one would think of using depleting remedies in a case where the nervous system is prostrated by severe local injury or otherwise; but yet here is a case in which there is the same degree of prostration, and still the cause producing it is not to be removed by any other means than the most active and energetic measures of the kind; for although the nervous system suffer ever so much, and the action of the heart and arteries

be consequently reduced to a state of absolute feebleness, yet the intensity of the local disease seems to remain the same or even to increase, until, within a very few hours, if not from the very commencement, the patient is entirely past all human aid.

A. WILLARD, M.D.

Greene, N. Y., Nov. 10, 1849.

MEDICAL GLEANINGS AND MUSINGS—CASE OF HYDROPHOBIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE rapid increase of profound medical erudition, knowledge and experience, will, it is believed, eventually crush hydra-headed quackery and black-coated empiricism. Still, the regular profession require all their forces to accomplish this. We have able generals in the American Medical Association, but generals cannot act without privates. The amount of talents, ability and experience of those who never publish anything at all, would be a rich addition and powerful adjuvant, could it be realized and brought into market. And, O patience! thou art verily a difficult goddess to worship, when we reflect how many of our capable and qualified brotherhood withhold so much from their fellow laborers, which might be useful to them, their patients, and the public. Every member ought to pay tribute to the highest and most useful of all professions, *his own*. There may be various causes which induce such to keep their candle under a bushel, and never display a scintillation of their accumulated light. Some may think the same or similar cases are known already, and will neither procure admiration to the writer nor benefit to the reader.

Another motive operates upon a certain class who bear the gratuitous *handle of doctor* to their names. Their patients and the newspapers report cases which even they themselves would not vouch for; all the magic and miraculous display of which would vanish into thin air were they stated technically, circumstantially, candidly and truthfully.*

But there may be others, regularly bred, who, standing at the head of their profession, have not happened to see such marvellous cases as others have reported; and, as they cannot compete nor excel in the wonderful, they retain what might be a thousand fold more beneficial. For instance, they may not have had a patient who could distinguish colors by the touch, or read with her fingers; nor one in which the urine by metastasis was evacuated by the salivary glands; nor others in which that liquid was black, blue or green; nor one in which, as related by Mr. Howship, the entire secretion was suppressed (as ascertained by the catheter) for six weeks or two months, and then two gallons were passed by the *rectum* each day, for four days in succession! They may not have seen, as others are said to have done, the case of a woman

* My late friend, Thomas Miner, M.D., formerly President of the Connecticut Medical Society, observed, that there was one class of beings in the world greater liars than even quack doctors. This was their patients! We have heard of one of the latter, who went about the streets of a certain city, swearing that his doctor, whom he named, cut him open, took out his liver, healed, cleaned, and put it back again, and that he was then well!

who was delivered of a minute fœtus in October, and of a full-grown birth the succeeding December ; of another, who never in her whole life menstruated at all till she was 70 years old ; of yet another, who neither in single nor married life ever once had any show, or sign of catamenia, still after her marriage bore her husband three healthy children ; of one, who, with her first child, had, by her accoucheur, in removing the placenta, her womb completely inverted, and never *re-inverted*, and yet was alive forty years afterwards and able to do the duties of a dairy maid ; of an infant born with enlarged breasts, and hair where it appears at puberty ; of another who menstruated at 3 years old, and at the same age had prolapsus uteri ; of "the detection of a full-sized fœtus in the womb, without either placenta, umbilical cord, or mark of umbilicus."* This last seemed to me more surprising than all the others, till I reflected that *extra-uterine* fœtuses are sometimes thus found.

The accident at Cavendish, Vermont, by which a man had an iron bolt, three feet long, and nearly an inch in diameter, driven through his brain, and lived, is not quite unparalleled, as the following case, related by Dr. Macartney, will show. "He had known," he said, "an instance where a pitchfork had been driven into the eye of a man, and had pierced the brain, and fixed itself so firm in the skull at the top of the head that it was obliged to be hammered out from the opposite bone, and the man's mental functions never were disturbed by it, and he recovered and lived for some time."

But after all, the case related by Mr. Jones, of Gutterworth, of a boy, 17 years old, who had his head crushed by a waggon wheel, and part of the substance of the brain forced out, with improvement in his mental powers, is in a moral, physical, and physiological point of view, a very remarkable one. Some time after the lad got well, Mr. Jones met his mother, who told him that before her son was hurt he had constant headache, and could scarcely remember anything ; but that afterwards "*he was sharp as a briar.*"

These and numerous other cases on record, singular and interesting, to be sure, are still of minor practical importance compared with others which are often, too often, withheld.

Our periodicals abound with theories and remedies which require repetition, fixation and establishment. A few years past we were pleased with the prospect of the physicians of Providence, R. I., having found in opium an infallible remedy for rheumatism. Who would not rejoice to see the experience of others coincide ; or be equally gratified with a renewal, by the same respectable gentlemen, of the continued and reiterated salutary results of their remedy ?

In consultation and conversation with our medical brethren, we often learn facts of prime importance, of which we never heard before, and wonder they have never made them public. At our State Medical Convention, held at Hartford in May last, I was impressed with an interesting sketch of a case, in private conversation, before the meeting was organized. In view of deriving aid to the medical public from

* Dr. Good.

similar unpublished sources, and that in particular, I offered a resolution, as follows—"That the President propound to each member of the Convention present, queries to this effect: Have you any new suggestions to make, or cases to relate, which may be of importance to the art and science of medicine." "Resolution adopted," say the records of the meeting, "and questions propounded to the several members." It so happened, however, that at the time I was engaged on the committee for reporting candidates for honorary degrees, and have nothing to relate from that source. But, as a means of eliciting useful information, it is noticed here. Prize questions afford us only one subject at a time, and only one dissertation is made public. By leaving the field open, every one would be at liberty to give such hints, and relate such phenomena, as would best comport with the resolution. If it were only enough to fill a nutshell, no matter, provided it be pure gold. We may get less of theory, but more of practical precept, experience and hidden treasure. Medicine is an art which advances by collective methods, and materials applicable to isolated and peculiar, as well as every-day cases. If we are not taught how to arrive at exact truth, we may learn how to shun error. We may learn that the means of present relief may end in death. Bringing minds together to act upon, sharpen, cultivate, and confirm each other, is the grand, growing and prominent feature of the age. Shall the medical world be left behind and stand aloof? How noiseless is thought. The sun in the fable accomplished, by its mild beams, what the tempest and tornado could not.

Since the above meeting, the following, from an unexpected source, I have thought to be of sufficient interest to be submitted to the editor of the Journal. In a case of dysuria in a child-bed, hysterical woman, among other remedies I recommended an onion cataplasm to the pubes. The mention of onions brought forth remarks in their favor; and among other instances of their good effects, elicited the following singular history. The narrator, at the time of its occurrence, lived in some town in western New York, the name of which I did not retain.

A man was bitten by a mad dog, and had hydrophobia; the rabid paroxysms of which were represented as more outrageously violent, vehement and uncontrollable, than in any other case of which I ever heard or read. His turns of raving were such as to put his attendants in fearful peril of being bitten by the infuriated maniac. In his lucid intervals, so sensible was the patient himself of the danger of those around him, and of his utter inability to control his raging propensity to bite, that he desired to be confined in a room by himself. His request was complied with. He was shut into a large upper room at night, and fastened also by tying him up with a rope around his body. When morning came, his friends were no longer annoyed by the sound of his horrid ravings, and at once concluded he was dead. It so happened, that in one corner of the capacious chamber in which he was confined, there was stored, in one heap, thirty bushels of onions. Upon unfastening the door, it was found that he had crawled into this heap, having, as was supposed, bitten in two the rope, which was thought too strong for him to break. But the most agreeable as well as unlooked-for cir-

cumstance, was, that instead of being dead, he was in a sound and apparently sweet sleep. Upon awaking, he declared himself well. And so it proved; he having no return of his excruciating spasms, or any other symptom of hydrophobia. The quantity of onions by him bitten and crunched, was represented as one of the most astonishing features of the case, and as being really enormous. What portion he had swallowed, neither himself nor any one else could tell. There is one feature in the chewed and bitten onions, which must not be omitted. It was asserted that those portions had *turned black*. The whole pile, sound and bitten, was carefully carried out and securely buried.

Lebanon, Conn., Nov., 1849.

JOSEPH COMSTOCK, M.D.

THE HOSPITALS AND PROFESSORS IN PARIS.

[THE following letter from a young American gentleman, pursuing his medical studies in the French capital, to a distinguished physician in New York, has been kindly furnished by the latter for publication in the Journal.]

MY DEAR DOCTOR,—I have had heretofore so little of interest to communicate to you, that I have deferred writing, until I should have become more intimately acquainted with the Hospitals and the Professors of Paris.

Lectures at the *Ecole de Médecine* have not yet commenced, but clinical lectures are given daily at some of the hospitals, either in the amphitheatre, or at the bed-side. I am a constant attendant at these lectures; and though possessing but an imperfect knowledge of the language, I still have become highly interested, so that the hours I pass in the halls of the hospitals are the pleasantest of the day. The men whose names I have heard since first I took up a medical work, are known to me, and daily I meet with Velpeau, Cruveilhier, Gosselin, &c. &c., hear them speak, and see them operate.

Hôpital de la Charité I frequent the most. It is open daily, and usually there is something novel and interesting, and hereafter I shall be almost an interne there. I commence to-morrow a course of private instruction in auscultation and percussion, in some of the wards there, and by the arrangement I am at liberty to examine the patients at any time. I follow the practice of Roget, who has several halls devoted almost entirely to diseases of the chest, and I shall have without doubt sufficient opportunity to educate my ear in the abnormal sounds, both of the lungs and heart.

Thursday morning I always go to the Hôpital des Enfants Malades, and have hitherto followed Guersant there. Trousseau has wards in Hôpital Neckar; his clinical lectures commence with the lectures in the *Ecole de Médecine*, in which he is Professor of Therapeutics. I have not yet seen him. Guersant is a little taller than myself, but of a full, plethoric habit, high color and receding forehead. His manner is pleasant and conciliating, managing his little patients with care and delicacy, and yet with decision. He operates rapidly and with great confidence.

A few days since I was present when he performed the operation of tracheotomy, in the case of a young child affected with membranous croup. The history of the case I have been unable to obtain; but I ascertained, at the time, that the little patient had been ill for six days. The operation, the first of the kind I ever witnessed, was attended with a great loss of blood, sufficient in itself, I should think, to cause the death of the child, in its already enfeebled condition. Before the operation, I listened to the respiration, and found the tubes in the lower portions of both lungs filled with mucus;—inspiration was very labored, and the countenance had a slightly livid hue. After the opening into the trachea had been made, a small portion of false membrane was expelled, and for a time the child seemed greatly relieved. It died, however, on the following day. This operation, I understand, has been repeated very frequently in Paris, during the last year, but with very indifferent success. A few weeks ago, the operation of laryngotomy was performed for œdema of the glottis, at the Hotel Dieu, by M. Roux, which was attended with success.

Since coming here, I have been an attendant, also, at the Hôpital St. Louis, as well as at the Hotel Dieu. Both offer to me great opportunities. In the former, I have followed M. Gibert in his wards for diseases of the skin, and diseases of women. Examinations by the speculum are made here every Monday morning, and Gibert lectures clinically upon diseases of the womb. In the course of his visits last Monday, I saw a most happy application of the freezing mixture, ice and salt, made to a most troublesome disease of the skin. It stopped the incessant itching, immediately. In some diseases it also proves a source of cure. The application was made by an Englishman, whose discovery it is. Gibert spoke greatly in favor of it, having applied it before to some cases in the male wards. This morning, at the Hôpital de la Charité, I saw another exhibition of this anæsthetic agent, in a case of surgery by Velpeau. It was a case of hydrocele, and the puncture was made immediately after all sensation was deadened, by the application of the freezing mixture, as employed in the diseases of the skin, just mentioned. Its effect was all that could be desired at the time, but that its sequelæ are not more uncomfortable than those of chloroform or ether, I cannot say.

Hôpital St. Louis, if you recollect, is one of the largest hospitals in Paris, only exceeded by Hotel Dieu. It is so far from the quarter occupied by students, that very few frequent it. Thus far I have observed that Americans compose the greater part of the students who walk through this hospital, so far distant. It is the same at the Hôpital des Enfants Malades, and Hôpital Neckar. At the latter place, on Saturday last, I saw Civiale operate on several cases, and my position was so good, that every manipulation was perfectly known to me, nor did I have any great difficulty in interpreting his language. He speaks slowly and distinctly, and seemed to take special pains to make himself understood, perceiving that we were strangers. I like his appearance and manners better than those of any of the professors I have seen, perhaps with the exception of Cruveilhier, who carries himself through all the halls, and in the midst of his élèves, with that complacency and dignity, that make

him a universal favorite. All admire him ; yet, in the school, his course is not as well attended as that of others less pleasing in their relations to their élèves, on account of his subject. All the surgeons I have seen are cold and unpleasing in their exterior, and many have a very severe expression, especially Jobert, who has, since the death of Blandin, been removed from St. Louis to the Hotel Dieu. His clinique is largely attended, and the bed-side is crowded ; but to my mind less is learned from him, than from other surgeons of less pretension. With the Hotel Dieu, I am delighted. It only needs good ventilation, to render it all that a hospital should be ; but in this important particular it is deficient, as well as the rest of the hospitals in Paris. But great neatness prevails in all the affairs appertaining to this hospital. It is the same with the Charité ; but there is a freshness and newness of appearance in the Hotel Dieu, with its waxed floors, shining from their high polish, its pretty canopied bedsteads, and high ceilings in the lower wards, which the Charité has not.

I long for the time to arrive, when I shall be able to make more improvement of these wards, which are so generously thrown open to the medical student. I admire France for her public institutions. I admire her for the earnest desire she manifests to assist all, of every country, in extending science and art, and bringing them nearer to their high destiny and perfection. If her present political institutions meet with discredit with those in our country, who wished and looked for noble things from her, let them pardon her errings and wanderings from the path we had marked out for her, in the recognition of those high republican principles in her institutions of learning.

I have felt unable to say much of the hospitals, or the men whose services in them have made their names famous. You can readily understand the difficulty under which I labor, and will therefore excuse this sad earnest of what I would do. If you would have your memory freshened upon some of the details of the subjects with which you were familiar years ago, I will, when the winter is more advanced, give you a more faithful and fuller account of all I see and hear. Now I catch but the fragments of discourses ; but the most beautiful mosaics are composed of fragments, and I trust my mind, in time, will arrange these in their proper order.

I. H. D.

Paris, October, 1849.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. NOVEMBER 28, 1849

Ligature of the Internal Iliac Artery.—This operation has lately been performed at the Lowell Hospital, by Dr. Gilman Kimball, Surgeon and Physician at that establishment. A full report of the case, we understand, is in preparation, and will soon be offered to the profession. The patient was a man belonging to one of the mills in Lowell, and is so far, we are

informed, doing well. Chloroform was used with great benefit. This is said to be "the second time only that the operation has been performed in New England, and the first for this disease, viz., aneurism in the gluteal region. It is only the ninth or tenth case on record—and out of these, but half the patients survived the operation and recovered."

A City Hospital in Boston.—Having been asked by one of the Board of Aldermen, what we thought of the project of erecting a *permanent city hospital*, he was answered, in all frankness, by recommending that the individuals behind the screen, who were actually the only persons urging the measure upon the City Government, should at once have salaries allowed them, made payable quarterly, as the most economical course that could be adopted. There are restless spirits to be provided for out of the public crib; and in catering for them by means of a city hospital, if such should be considered best, the question for the City Council to decide is, who of them shall be preferred. To aid in this decision, it might be well, in framing an ordinance, entitled an ordinance for providing certain benevolent meddlers and other aspirants with annual incomes, to ascertain, by a special committee, who would probably have the fewest cousins, broken-down uncles, dilapidated relatives, and other family affixes, to be put under pay, by way of rendering immediate assistance to the poor who require medical aid before being introduced to the Almshouse. In the first place, a hospital for temporary relief—a purgatory, to be endured before entering the great ocean of charity, the House of Industry, that swallows up an enormous sum of money, drawn from the pockets of the inhabitants—is not needed. What is the Dispensary good for, with its splendid accumulation of funds, and its effective corps of ward physicians, if it does not meet all ordinary emergencies? An arm may be occasionally fractured in the street, a carriage accidentally run over a child, or a vagrant fall into the gutter; but is a distinct hospital demanded for incidental affairs like these? It would cost the city of Boston thirty thousand dollars a year at least to sustain one; for when once created, there would be no limitation to the leech-like demands it would be perpetually making. If such a hospital is absolutely required, why not bring back within our limits the Almshouse, which, with its ample hospital conveniences, was formerly situated in Leveret street? Yet the public authorities very properly decided that its continuance in the city was too expensive, and therefore removed it to its present location in South Boston—from whence it is again about to be transported to Deer Island. This, however, we consider the *dearest* project that the already over-taxed citizens of this metropolis were ever doomed to pay for.

What show of reason can be adduced for organizing a public hospital, in a city of such limited geographical dimensions as this, and already abounding in charitable institutions of every grade, from the Massachusetts General Hospital to lodging-houses for benighted strangers who are picked up by the police? There is much selfishness at the bottom of this scheme, and not a few of those who are arguing the cause in favor of the establishment, are the tools of cunning, designing, crafty managers, who are determined to be fed sumptuously at the public expense. By changing a single word in a celebrated Hudibrastic couplet, the truth in this matter may be made manifest.

"Some people have all patriots grown,
They talk of public good and mean their own."

Surgical Anatomy.—Messrs. Lea & Blanchard, of Philadelphia, to whom all surgeons and physicians in this country must acknowledge themselves indebted for a succession of beautiful and excellent editions of foreign and native works, have commenced the re-publication of a series of four parts or numbers, of a magnificent publication, each of which will contain from twelve to sixteen colored plates, accompanied by not far from one hundred and fifty double-columned pages. The whole will form a rich imperial quarto volume. The price is only two dollars for each part. No such lithographic illustrations of surgical regions were, we think, ever before given. While the operator is shown every vessel and nerve where an operation is contemplated, the exact anatomist is refreshed by those clear and distinct dissections, which every one must appreciate, who has a particle of enthusiasm. The English medical press has quite exhausted the words of praise, in recommending this admirable treatise, the author of which is Joseph Maclise, surgeon. Those who have any curiosity to gratify in reference to the perfectibility of the lithographic art in delineating the complex mechanism of the human body, are invited to examine our specimen copy. If anything will induce surgeons and students to patronize a book of such rare value and every-day importance to them, it will be a survey of the artistical skill exhibited in these fac-similes of nature. Should there be no falling off hereafter in the finish and faithfulness of the illustrations, the publishers may be sure of the assistance of medical editors in notifying the profession of the admirable book that has been prepared.

Spread of Asiatic Cholera.—An elaborate paper from the North Western Medical and Surgical Journal, by John Evans, M.D., &c., has appeared in a pamphlet, a copy of which has reached Boston. The doctrine of the contagiousness of cholera is maintained. On this subject, Dr. E. remarks—

"The principal objection to the doctrine of contagion in cholera, is found in the exemption of persons exposed from attacks of the disease; a circumstance which I believe is entirely overrated, as most persons in cities where the disease is prevalent, feel more or less of the symptoms of the disease, generally a sense of contortion in the abdomen, with or without diarrhœa. At least this has generally been the report given, and especially of those much among cholera patients. In such cases the powers of nature, or the early medication generally resorted to by nurses and physicians, seems adequate to resist and throw off the poison. We know that the contagion of all diseases meets with resistance from the idiosyncrasy of numerous individuals. Now if one or two persons in a community, by this cause, may be exempt from the contagion of one disease, may not half, or two thirds of them, be in like manner fortified against the poison of another?

"When five out of six persons exposed to the contagion of syphilis, scabies, or gonorrhœa, do not take the disease (and this proportion is by no means uncommon), does any one deny that the sixth contracted it in that way? Again, would not the exemption weigh equally against a cause in the atmosphere? Yes! more forcibly, for in such a cause the whole city or community must be immersed, and consequently exposed.

"And it is said that it often appears where no communication can be traced. How many of the assertions to this effect are gratuitous, I cannot say, but I do know that in numerous instances where they were made in this community, a little investigation proved the contrary to be the fact. And it is very consistent that it should be so, for it is easy to assert that

no communication was known, and it requires much time and patient investigation to ascertain the facts of each case. But the difficulty of tracing the communication, would, if admitted as valid argument, prove the non-contagious nature of nearly all diseases."

The late Dr. Alexander Read, of New Bedford.—At a meeting of the New Bedford Medical Association, held on the evening of November 22, the following resolutions were unanimously adopted.

It having pleased the All-wise Disposer of events to remove from our midst our associate, Dr. Alexander Read, therefore

Resolved,—That in this dispensation we recognize a severe loss—the loss of a friend and brother endeared to us by the most engaging qualities of mind and heart; a counsellor most confidently trusted in by us, for his intelligence, information, and uniformly honorable conduct. Our respect for him while living was an affectionate regard; our regret for his death is a deep sorrow.

Resolved,—That as an expression of our respect for him, and of our sympathy with his bereaved family, we will follow his remains to the grave.

Resolved,—That a copy of these resolutions be transmitted to the family of the deceased.

JULIUS S. MAYHEW, Sec'y

New Bedford, Nov. 22, 1849.

N. B. Med. Association.

Medical Miscellany.—Dr. W. S. Woodside and Dr. Howard Kennedy, of Maryland, are associated in Adams & Co.'s Western Express Line to California.—Dr. Brown, of Manchester, N. H., now in California, has found good picking at the gold mines.—Smallpox is now existing at Lexington, Ky., as well as at Cincinnati, where it seems not to abate at all.—Cholera has broken out anew at Bombay, and is spreading over India with fearful strides. At Durango, in Mexico, the cholera is awfully fatal to the inhabitants.—Philip Princely, aged 104, at the polls at Northampton, the other day, wished to vote. He is a naturalized Englishman.—It is asserted by a writer in the Boston Daily Mail, that 25 per cent. of the inhabitants of Canada are over 60 years of age. Further, there are at present a greater number of deaf, dumb, blind, lunatics and idiots, in proportion to the whole number of inhabitants, than in any other part of the world—being 40,000.—Two parties are actually arrayed against each other in Maine, in regard to the death of Dr. Valorous P. Coolidge, the murderer. One says he is alive, and the other that he committed suicide in the prison at Thomaston. In the mean time a correspondent in California has written home that he verily believes he saw the defunct in that country.—Mrs. Gove Nichols's "Experience in Water-Cure" is dedicated to her husband, who, she says, "has a mind to understand the work of human elevation, a heart to love it, and energy to labor for it."—Cases of yellow fever and cholera have re-appeared at New Orleans.—The demand for cod-liver oil is increasing prodigiously. What is to become of the sarsaparilla makers? They will soon change the labels of their bottles, and the mixture will have a new name, to meet the medicine-taking propensity of the people.—Scarpa's Acoustic Oil, that made the deaf hear, at two dollars a bottle, is a very good substitute, excepting price, for neat's foot oil, on boots and shoes.—The weekly number of deaths in Boston still continues unusually small.

Amputations and Compound Fractures.—TO THE EDITOR, &c.—The last number of the New York Journal of Medicine leads off with a protracted, desultory, illogical and badly written paper on Amputations and Compound Fractures. The ostensible object of the writer is to signalize the "unfortunate termination of every case touched with the knife," among the parties wounded by the fire of the military upon the mob which lately occurred in New York, known as the Astor Place riot; and to indulge wholesale censure upon the surgeons of the New York Hospital, where he says, speaking of certain compound fractures, "All were amputated and all died." And he silyly adds, that "all the patients took ether," and asks whether "this had ought to do with the mortality." A more disingenuous and unprofessional criticism, if it deserves to be called such, is nowhere to be found.

But while such is the ostensible, it is not the real object of the paper. So far as this can be discovered, the promulgation of certain "reserved opinions" derived from the writer's "friend and preceptor," adverse to all amputations in compound fractures, seems to be the design aimed at. And to get at this, a vast amount of circumlocution is introduced, and a compilation of statistics, from "materials near at hand," as is indeed adroitly confessed, is here paraded, in clumsy imitation of the incomparable tables of Dr. Norris, of Philadelphia. But even these statistics are not to his purpose, though he seems to be in felicitous unconsciousness of this fact, and hence he blindly blunders on, in vain attempts to pervert them. Comparisons are instituted between primary and secondary amputations—of the upper and lower extremities—in civil hospitals and in military surgery—in English, French and American Hospitals; with the per centage of mortality, as varying and contradictory as the dogmatical opinions he quotes of surgical writers, which are exactly opposite to each other, according to their greater or less success, and which are of course inconclusive and useless.

Nevertheless, this New York writer, from these absolutely worthless data, proceeds to a conclusion equally worthless, as follows, viz.

"We conclude, that in military practice, primary amputations are to be preferred; that in civil practice, secondary amputations are to be preferred, and that the secondary amputations of civil surgery are more successful than the primary of military surgery."

On glancing at the data whence this non sequitur is sapiently deduced, we find the following luminous statistics, viz.

"In all countries there is a *varying* mortality after amputations, of from 12 to 55 1-5 per cent!"

"In the same country the mortality is *very various* in different hospitals!"

"The mortality in the American hospitals is more than double that in the English hospitals; while in the French hospitals it is three times as great as in the English hospitals!"

The attempt to draw any conclusions from such data is ludicrous, not to say absurd; and the conclusions here deduced are simply ridiculous, and unworthy of a tyro in medical logic. And yet, upon such materials, this writer presumes to predict a "change of practice!"

But apart from the follies of which these citations convict the writer of this elongated paper, there is betrayed throughout an utter lack of either capacity to make those discriminations, which are indispensable to correct practice, and which alone contradistinguish enlightened surgery from the veriest charlatanism. This is glaringly apparent in what is said of the cases reported from the New York Hospital; and not less so in every attempt at inferences from the experience of foreign hospitals. But it is no part of the object for which these strictures are submitted, to examine the multiplied incongruities of this paper, and those we have indicated must suffice. A valuable lesson should be learned, however, by all novitiates in surgery, from the example of the writer under notice, viz., Let such writers refrain from attempting to teach others, until they first understand the subject upon which they address themselves to the profession and the public. And above all, let such novices never attempt to criticize the practice of older and better surgeons in relation to any unsuccessful operation, when they cannot, by possibility, have known the surgical indications which were in the mind's eye of the operator and his advisers with the case before them. It is alike unjust and unprofessional, and betrays a want of sense as well as a lack of courtesy among gentlemen who aspire to recognition as members of a liberal profession.

TO CORRESPONDENTS.—A paper entitled, "Considerations on a New State Lunatic Hospital," one on "Public Hygiene," and one on "Compression of the Aorta in Uterine Hemorrhage," have been received.

MARRIED,—Shadrach Hathaway, M.D., of Berkley, Mass., to Miss R. P. Newhall.

DIED,—In Billerica, Mass., Dr. Joseph F. Hill, 41.—At Annapolis, Md., Dr. Henry Mayndier, 93. He was a revolutionary surgeon. At the battle of Brandywine he extracted a ball from the leg of Gen. Lafayette.

Deaths in Boston—for the week ending Saturday noon, November 24th, 52.—Males, 27—females, 25. Asthma, 1—afemia, 1—burn, 1—congestion of the brain, 1—consumption, 6—convulsions, 2—childbed, 2—croup, 1—dysentery, 2—dropsy, 3—dropsy of the brain, 3—delirium tremens, 1—erysipelas, 2—typhus fever, 1—lung fever, 4—brain fever, 1—hooping cough, 1—disease of the heart, 1—infantile diseases, 7—inflammation of the lungs, 2—inflammation of the stomach, 1—marasmus, 3—old age, 2—purulent absorption, 1—scald, 1.

Under 5 years, 20—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 4—over 60 years, 8. Americans, 19; foreigners and children of foreigners, 33.

Vagueness in Directions for the Administration of Remedies.—Physicians cannot be too explicit in giving directions for the administration of remedies. The most serious consequences occasionally result from this source. We have known liniments containing large quantities of ammonia, swallowed; and in one instance, a pint of a most nauseous mixture, intended for an enema. In conversation with Prof. Mussey, on a recent occasion, he remarked that a New England friend of his, was remarkable for his indefiniteness. Thus he would say, "Take this medicine, put it into some water, and take three or four spoonfuls four or five times a day." How much medicine the patient would get, in a given time, seemed very doubtful.

The following note, written by one physician to another, recently fell under our notice.

"Dr. ———, Sir,—You are under obligations to me for seeing your Third street negro, to whom I gave some calomel and ipecac., and some other things, every now and then."

This subject was called to mind by the directions for the use of "Ayer's Cherry Pectoral," which runs thus: "Fifteen to fifty drops, '*pro re nata*.'" Which means, we suppose, fifteen to fifty drops "*every now and then*." Carried into practice it would run about thus: "fifteen to fifty drops put into *some* water, and three or four spoonfuls four or five times a day, more or less, according to circumstances!"

We often require the attendants to repeat our directions before we leave; and in a majority of cases, where there is the least complexity in the rules to be observed, it will be found that some important portion has been forgotten.—*Western Lancet*.

The Manufacture of Green Tea, and its Adulterations.—It is well known that many inferior varieties of tea are dyed green by the Chinese, in order that they may fetch a higher price in the English market under the name of green tea. An eye-witness of the process thus describes the Chinese plan of making any kind of tea green:—Four parts of powdered gypsum are mixed with three parts of indigo, also in fine powder. This forms a light blue powder, with which the tea is impregnated by the hands of workmen during the last process of roasting. A greenish-colored bloom is thus spread over the leaf. In order that green-tea drinkers may calculate the quantity of plaster of Paris and indigo which they thus consume annually, the writer furnishes the following statistics:—To fourteen and a half pounds of tea one ounce of the coloring matter is added. Hence, for every hundred pounds of green tea, the consumer really eats (?) more than half a pound of gypsum and indigo. In some instances, as announced by Mr. Warrington, Prussian blue is substituted for indigo. It would be well if all adulterations of articles of daily consumption were of the same innocent description.—*London Med. Gaz.*

Insane Establishments in France.—There are in France 12,286 indigent insane persons, supported at the public charge,—5,935 men, and 6,351 women; and of these, 2,536, or more than a fifth, belong to the Department of the Seine. As a general rule, the departments considered poor have fewest insane, and most foundlings. For the reception of the 12,286 patients, there are 73 establishments, 6,060 of these persons being in public asylums, 4,621 in separate parts of the hospices, and 1,605 in private establishments.—*Brit. and For. Med. Rev.*